volume. The result of the latter form of growth is to develop the "giant" type of acromegaly; but M. thinks it should be remembered that in this disease, as in any other, individual predisposition plays an important part. M. had also an opportunity of making a comparative skiagraphic study of the hand of a patient with erythromelalgia, and considers that as no change in the bony parts could be found, it might be considered as proved that this disease has no relation with acromegaly.
Mitchell.

A Case of Cephalics Acromegaly, associated with Syringomyelia and Cerebellar Tumor; with Autopsy.

The author, M. Bassi, reports in the Atti della reale Accademia Lucchese di Scienze for March 27, 1896, a complete clinical history and the pathological findings of a case of partial acromegaly, or the incomplete form known as cephalic acromegaly associated with syringomyelia and solitary tubercle in the cerebellum. He was able with much certainty to make the diagnosis of all three affections intra vitam, which was confirmed by the autopsy.

The syringomyelia seemed to antedate the acromegaly and cerebellar tubercle.
Krauss.

Congenital Giant Growth of the Extremities. Von Torday. Jahrbuch für Kinderheilkunde, Band XLIII., Heft 1, 1896.

Machenhauer, Centralbl. für innere Medicin, No. 43, 1896.

Von Torday reports the case of a girl of 6 years, the twelfth child of healthy parents, born at term, in normal labor. The deformity existed at birth, and the limbs have retained the same proportionate size during the growth of the child.

Patient thin, pale, and delicate, subcutaneous fat much diminished by lipomatous tumors small and large, to the number of five, are distributed at different points over the surface.

The abnormality consists of enlargement and deformity of the right foot, and of the left leg and foot. The right foot shows great lengthening of the external malleolus, and enlargement of the inner part of the tarsus with the great and second toes, and deformity of the three outer toes. Great toe curled upward and away from the other toes, second toe arched upward and outward. Left leg enlarged from knee down, ankle twice as large as normal. Left foot 1½ times as long, and 2½ times as broad as that of an average adult. Great and little toes abducted, foot shaped like a hand, nails deformed and ingrowing. The child can walk, run, and climb. A picture of the case is given. The following are some of the numerous measurements taken:—Weight, 21 kilos; length of body, 111 cm.; circumference of right knee, 24 cm.; of left knee, 26 cm.; of middle of right leg, 19 cm.; of left, 28 cm.; of right ankle, 16 cm.; of left, 21 cm.; around right instep, 24 cm.; left, 32 cm.; length of foot on sole, right, 24 cm.; left, 31 cm. He states that it is especially the epiphyses of the long bones which undergo hypertrophy, and while the anomaly is congenital, no direct heredity can be made out.

Machenhauer's case gives the following history:—

A male child of healthy parents (born at term, labor normal, except that the cord, which was very long, was looped twice about the child's neck, and contained a knot besides), presented these anomalies. Palatal arch high and narrow. Abnormal dullness under manubrium sterni, seems to indicate an enlarged thymus. There is a general tendency to dilatation of vessels, shown in tumor on right breasts, and vascular nodule on right elbow, and in dilated vessels of skin of right hand, while the whole right leg from pelvis to foot is occupied by a hugs naevus. Penis shows hypospadias, the apparent orifice of the urethra being only a *cul de sac*, while the urine escapes from two minute orifices 1cm. further back on the under side of the organ. The fingers of both hands are unsymmetrically hypertrophied. The right leg is 1½ inches shorter, and 1½ inches greater in circumference than the left. Its bones are bent at an angle of 135°, opening backward, and the fold so produced is occupied by a row of small nodules—keloids. Left foot normal. On right foot, only great toe free, the rest united—Syndactylism. In a furrow near the end of the mass so formed, rudimentary nails are visible. At seven months, and at one year, the child was measured again, and the hypertrophied parts were found to have approximately preserved their proportion to that of the rest of the body.

That the hypertrophy should affect as many as three extremities is considered remarkable. M. concludes his article with a consideration of the causes of abnormal growth of the extremities, giving copious references. He lays some stress on the twisting of the cord, suggesting that it may have been knotted about the deformed leg, and that the disturbance of circulation so caused may have had something to do with the conditions found. He points out that, to whatever cause we may attribute them, general giant growth and acromegaly are apt to come on at times when there is a great change taking place in the circulation—at puberty and at the menopause. The trophic influence of the nervous system is also dwelt upon. An excellent picture of the child, and measurements of the limbs are given.

C. L. ALLEN.

PULMONARY HYPERTROPHIC OSTEO-ARTHROPATHY.

Goodlee (Brit. Med. Jour., July 11 and 18, 1896) reports several cases of this affection to which he called attention long before (1890) Marie's description and classification (1895), but adds, "It is a poor satisfaction to be able to claim that one was the first to describe a particular disease, if it is necessary to add that the case was imperfectly observed, and that its real nature was not recognized. I am afraid, however, that this is true; and it is at all events clear that most of the cases which had been reported as examples of the disease, have had actual mischief in the joints, and some have suffered from enlargements of the bones."

The first case is of interest as it ended in complete recovery. "A young man had retained for some years in his pleura a long piece of India rubber tubing which had been been imperfectly secured at the time of the original opening. The swelling over the wrists and knees and ankles was very marked as was the clubbing of fingers and toes, and I do not doubt that many would have thought that there was enlargement of the bones and affection of the joints. I cannot, indeed, prove that such was not the case, but the swelling quite disappeared after the removal of the tube and the closure of the empyema."

Case 2 is probably one of arthritis complicating chronic empyema, although there seemed to be enlargement of the lower end of either femur and the upper end of either tibia.

In case 3 there was some swelling of the wrists and ankles during the existence of a chronic empyema that finally closed. Although there was some clubbing of the fingers, this case could scarcely be considered as belonging to the disease in question, but is of some interest as constituting a possible transition form.

Case 4 is somewhat similar, and the author calls it polyarticular rheumatoid arthritis. The joint trouble followed a pulmonary abscess and prolonged suppuration of tubercular glands.

Case 5 the author considered to be a "genuine case." A man of 29 was said to have had a cough since infancy. For three years the expectoration had been offensive, and six months before examination